2022 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES						
		Premium Cost			IAFF	
Plan	Person(s) Covered	Annual	Monthly	COBRA	Hired before 1/1/2018	Hired on or after 1/1/2018****
Base Plan	Single	\$8,500.32	\$708.36	\$722.53	\$130.00	\$88.55
Blue Point 2 Value 2*		* • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * *	*	* 4 0 0 0 0	000101
pkg. #068	Sponsor Two Person	\$19,613.28	\$1,634.44	\$1,667.13	\$130.00	\$204.31
Code: ATC	Family	\$22,622.52	\$1,885.21	\$1,922.91	\$130.00	\$235.65
	Family No Spouse	\$21,487.56	\$1,790.63	\$1,826.44	\$130.00	\$223.83
Signature Deduct** with	Single	\$6,674.88	\$556.24	\$567.36	\$130.00	\$25.00
\$500/\$1000 HSA Account	Constant Time Demons	Φ4Ε 074 F0	#4 004 04	#4.000.00	\$400.00	ΦΕΟ ΟΟ
Code: DAG	Sponsor Two Person	\$15,374.52	\$1,281.21	\$1,306.83	\$130.00	\$50.00
Code. DAG	Family	\$17,716.80	\$1,476.40	\$1,505.93	\$130.00	\$50.00
	Family No Spouse	\$16,841.76	\$1 403 4 <u>8</u>	¢1 /21 55	\$130.00	\$50.00
	It aimly No Spouse	ψ10,041.70	ψ1,400.40	ψ1,431.55	φ130.00	φ50.00
	Single	\$3,609.12	\$423.69	\$432.16	\$10.00	\$10.00
AMV***						
HDHP	Family No Spouse	\$9,106.08	\$1,069.04	\$1,090.42	\$248.11	\$248.11
Dantal	Circula	#445.00	#07.40	#07.04	# 0.00	Ф0.00
Dental						
Dental	Single Family	\$445.20 \$954.00	\$37.10 \$79.50	\$37.84 \$81.09	\$0.33 \$0.82	\$0.33 \$0.82

^{*} Value 2 has a \$10/\$30/\$50 Rx benefit. All other benefits are the same as Value

^{**} Signature Deductible is an HDHP that comes with County funded \$500/\$1000 HSA for out-of-pockets expenses

 $^{^{***}}$ AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with HCR employer mandates.

^{****} See contract for information about rates and plans for unit members hired after 1/1/2018